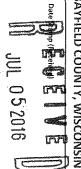
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County

Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSI



INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

l			
	- !		
Refund:	Amount Paid:	Date:	Permit #:
	\$17S 7-18-16	7-18-16	16-0907

XShoreland Contractor: Jean Balhe, Brenda Perkins, Donald Bothins 200 Proposed Construction: of Completion
* Include 💢 Residential Use Existing Structure: TYPE OF PERMIT REQUESTED→> | □ LAND USE ☐ Municipal Use □ Non-Shoreland Authorized Agent: (Person Signing Application on behalf of Ow Owner's Name Address of Pr donated time & Owner(s): PROJECT LOCATION Commercial Use PARINNW NE INV. Proposed Use Rec'd for issue Commission Secretarial Sta Property: \sim Lax) Addition/Alteration (If permit being applied for is relevant to it) Run a Business of Property ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes~ Legal Description: Relocate (existing bldg) Lake New Construction Project j**y** 12 Other: (explain)_ Principal Structure (first structure of Residence (i.e. cabin, hunting shack, Ē Conditional Use: (explain) Special Use: (explain)_ D LAILURE TO OBTAIN A PERMIT <u>or</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and so the best of my (our) knowledge and belief it is true, correct my accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correctly of all information I (we) am (are) providing and that it will be relied upon by Bayfield Quarty in determining whether to issue this information I (we) am (are) providing in or with this application. I (we) conspit to county officials charged with administ Accessory Building Addition/Alteration (specify) Mobile Home (manufactured date)

("Imparion (specify) Dec Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or 9 (Use Tax Statement) Gov't Lot Deed All Owner N, Range # of Stories and/or basement 1-Story with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage with Loft 2-Story Foundation No Basement Basement 1-Story + Loft ner(s)) Bunday. Lectures s must sign or letter(s) of authorization m Lot(s) SANITARY PIN: (23 digits) ٤ Agent Phone: Contractor Phone: City/State/Zip: 100 Porthlight Tasse Mailing Address SM 3 Proposed Structure Length: Length: continue Year Round Seasonal PRIVY Town of: Vol & Page M T.E. I 3 Agent Mailing Address (include City/State/Zip): Plumber CONDITIONAL USE None stairs Distance Structure is from Shoreline : Ó bedrooms Distance Structure is from Shoreline : 5 10 P さら cooking & food prep facilities) ເມ N 앜. Lot(s) No. City/State/Zip any this application) K Width: Width: ☐ Portable (w/service contract)
☐ Compost Toilet X Sanitary (Exists) Specify Type: 02-000-01000 Block(s) No. None Privy (Pit) (New) Sanitary Municipal/City 3 B SPECIAL USE Sewer/Sanitary System is on the property? 7 q What Type of correct to issue Lot Size Volume Subdivision: Recorded Document: (i.e. Specify Type: Specify Type: Sentic Vaulted (min 200 gallon) به Date 6 **Dimensions** Is Property in Floodplain Zone? × × × × × $\times |\times| \times$ $\times \times \times$ B.O.A. te. I (we) acknowledge that I (we) (we) further accept liability which ∏ Yes Height: Height: 0/2 6 No Attached

Yes No

(i.e. Property Ownership) Cell Phone: Written Authorization 815-508-4893 Telephone: Acreage Page(s) OTHER 640 Are Wetlands
Present? يى Square Footage \bigcirc □ No Xwell Water 얁

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

d

STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

SNIP

1

2000

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

mp (Beceived) Amount Paid: Date:

Permit #: Refund: 6 7-20-16 #37X 80/8

	X Non-Shoreland	Shoreland —	1	Section	1/4,	PROJECT LOCATION	Authorized Agent: (Per	Contractor: YOKTHLAND BUILDINGS	Address of Property: ACME'S	Owner's Name: SKILSBERG	TYPE OF PERMIT REC
A A A A A A A A A A A A A A A A A A A	THE PARTY OF THE P	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	, TownshipN, Range	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Address of Property: ACME'S FIRST APPITION	LSBERG	TYPE OF PERMIT REQUESTED -> LAND USE SAN
		\	<u> </u>	W TRON RIVER, W	CSM Vol & Page 7.1076	PIN: (23 digits) 04-024-2-47-08-07-100-102	Agent Phone: Agent N	Contractor Phone: Plumber:	Chy/state/zip: FRBN RIVER WI	Mailing Address: 67875 SHAPYOAK PI	SANITARY PRIVY CONI
		Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	**	1-3 Block(s) No. Sub		Agent Mailing Address (include City/State/Zip): $\int \mathscr{E} \mathcal{C} \mathscr{C}$	John Tuurs	· 54847	TRON R'UER IN	☐ CONDITIONAL USE ☐ SPECIAL USE
		le: □ Yes feet ▼No	Is Property in Floodplain Zone?	Lot Size Acreage IM9 x 280 /. 7	Subdivision: DOMES FIRST ADBITION	Recorded Document: (i.e. Property Ownership) Volume 1078 Page(s) 439-1)3	te/Zip): Written Authorization Attached Yes No	218-391-0516	218-390-815	Telephone: 7/5-372-825	USE B.O.A. DOTHER
		⊠Yes ⊠No	Are Wetlands Present?	9	TION	wnership) 39-1139	rization	8516	8252	-8257	R

Proposed Construction:	Existing Structure					120000 A Conversion	n		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	RSTORD GE BLOG 0	Property	☐ Run a Business on	☐ Relocate (existing bldg)	> ☐ Conversion	□ Addition/Alteration	X New Construction	Project
	or is relevant to it)		☐ Foundation	☐ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft		# of Stories and/or basement
Length: 104	Length:						🗷 Year Round	☐ Seasonal	Use
1/		The second secon		∠ None · · · · · · · · · · · · · · · · · · ·		3	2	<u>г</u>	# of bedrooms
Width: 60 Height: 14	Width: Height:	⊠ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
							_ □ Well	□ City	Water

annema per men				
<	Proposed Structure	Dimer	ารเอกร	Footage
Ř	Principal Structure (first structure on property)	(104 ×	(60)	6,240
	Residence (i.e. cabin, hunting shack, etc.)	×)	
	with Loft	×		
	with a Porch	~)	
	with (2 nd) Porch	~ ×	()	
	with a Deck	(×)	
	with (2 nd) Deck	(×	_	
	with Attached Garage	` \		
	Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)	~ ·		
	Mobile Home (manufactured date)	_		
	Addition/Alteration (specify)	~	_	
	Accessory Building (specify)			ALLIANA
Ь	Accessory Building Addition/Alteration (specify)	()		
3				
?	Special Use: (explain)	(X		And the state of t
* · · · · · · · · · · · · · · · · · · ·	Conditional Use: (explain)	~		
Secretarial Staff	Other: (explain)	~		
			Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with 2 nd Porch with 2 nd Porch with 3 Deck with Attached Garage Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Addition/Alteration (specify)	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with Loft with 4 Porch with (2 nd) Porch with 3 Deck with 4 Deck with 4 Attached Garage Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify) Special Use: (explain) Other: (explain) Other: (explain) Proposed Structure (

I (we) declare that this application (including any am (are) responsible for the detail and accuracy may be a result of **Bayfield County** relying and above described property at any reasonable time FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES in accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) cy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which which is providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the me for the purpose of inspection.

Authorized Agent:

Address to send permit

Owner(s):
(If there are Multiple (

All Owners emst sign or letter(s) of authorization

must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

4 7

DR

Date Date

RIVER, WI	•
Ú	Ţ
Ć,	Č
(g)	1
04.	130
SX X	ttac
of Tax Statemer	3
ent	

Hold For Sanitary: Issuance Information (County Use Only) Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the **East** Lot Line を見るこのなり Granted by Variance (B.O.A.) Permit Denied (Date): Setback to Privy (Portable, Composting)

Year to the placement or construction of a structure within ten (10) feet of the minimum requires reviously surveyed comer or marked by a licensed surveyor at the owner's expense. Setback from the North Lot Line Setback from the Centerline of Platted Road rior to the placement or construction of a structure more than tan (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ne previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense. Setback to Date of Inspection: Signature of Inspector: Condition(s):Town, Committee or Board Inspection Record: アルカルガム Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming etback to Septic Tank or Holding Tank Was Parcel Legally Created
Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) SCREINS Drain Field (2) (3) (4) (5) (7) 9 180 898 Show Location of:
Show / Indicate:
Show Location of (*): Show any (*):
Show any (*): Show: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Established Right-of-Way Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Local Town, Village, City, State or Federal agencies may also require permits. 00,000 Description N Kiverview (NOI°-09'-00"E <u>Draw or Sketch your Property</u> (regardless of what you are applying for) 26 <u>-</u> _ <u>-</u> 149.99 The Case #: o^{©°} □ Yes ACME Hold For TBA: -e68 7 576 , (v. そろれ Conditions Attached? ,00° Wes Wes (Deed of Record)
(Fused/Contiguous Lot(s)) 30 (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% North (N) on Plot Plan **Proposed Construction** 4.00 94 □ **2** □ No 4850HT9 00 0 0 Sanitary Number: O Inspected by: Permit Date: Measurement m 78 D Yes Hold For Affidavit: 4 149.99 Š Z \$ 0 8 € 8 8 8 Feet Feet Feet Feet Feet Feet õ • (If No they need to be atta 30 0,0 Mitigation Required Mitigation Attached 2<u>'-00"E</u> 00' ... Previouslý Granted by Variance (B.O.A.)
□ Yes \□ No Setback from Wetland
20% Slope Area on property
Elevation of Floodplain 2700-00 Were Property Lines Represented by Owner Setback to Well Setback from the River, Stream, Setback from the Bank or Bluff Setback from the Lake (ordinary ary line from which the setback must be measured must be visible from 9 N81919-50"E eed to l TY 00 69 63.83 be attached (V) Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Was Property Surveyed Description 1 EG 61 9625 88 y high-water mark) ı, Creek Case #: 389º38'-00"E Affidavit Required Affidavit Attached 93.00' XX Yes Lakes Classification Zoning District Sanitary Date: Date of Re-Inspection: W 40° (4) (00 th). Date of Approval ☐ Yes Measurement 183.00 □ Yes 000 N S ner to the Feet __ □ Feet Fee Fee Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: Refund: Date: Amount Paid: 08SA いるで 8 6

6

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Depi

	_	×	_				plain)	Other: (explain)		
	_	×	_				Conditional Use: (explain)	Condition	1	
	_	×			Andre Wester Wasserstein and Williams		Special Use: (explain)	Special Us	3	
								CO-Tayana	G	וועט ע ועו ואטועו
		×	-			teration (specify)	Accessory Building Addition/Alteration (specify)	Accessory		Ron'd for looks
		×	_				Building (specify)	Accessory Building		
		×					Addition/Alteration (specify)	Addition/		
		×				2)	Mobile Home (manufactured date)	Mobile Ho		
	_	×		food prep facilities)	□ cooking &	□ sleeping quarters, or	Bunkhouse w/ (🗆 sanitary, or 🗆	Bunkhous		
	_	×				ige	with Attached Garage			Commercial Use
		×	_				with (2"") Deck			
	_	×					with a Deck			
	-	×	-				with (2"") Porch			
	_	×					with a Porch			K Kesidentiai Use
576	77 5						with Loft		x	
\$ 00 F	. [: ×	76.			nack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence	Ì	
unt professional des sections de la constant de la	_	×				re on property)	Principal Structure (first structure on property)	Principal s		
Square Footage	ìns	Dimensions	D		U	Proposed Structure	P		1	Proposed Use
17 14	Height:	Ī	7.4	Width: 24	ft	Length: 42				Proposed Construction:
*		: <u>I</u>	•	ı				ng applied for	ermit bei	Existing Structure: (If permit being applied for is relevant to it)
				None						
			iet				Foundation		Property	
		ntract)	service co	☐ Portable (w/service contract)	None		- 1	Run a Business on	m a Busi	
	in 200 gallon)	ulted (mi	r Vault					Relocate (existing bldg)	locate (
	fy Type: 3 py confe	ify Type:	sts) Specify	Sanitary (Exists)	3		1 3	ד	☐ Conversion	160,000 to 100
₩ell		ify Type:	ny Specify	□ (New) Sanitary	2	X Year Round	文 1-Story + Loft	☐ Addition/Alteration	dition/.	3
☐ City			ty	☐ Municipal/City	_ _1	Seasonal	□ 1-Story	New Construction	ew Cons	
Water	3	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Sys	Sewei Is o	# of bedrooms	Use	# of Stories and/or basement	ä	Project	Value at Time of Completion * include donated time & material
		2000	0.000	- Control Section (Control Control Con						Non-Shoreland
[.	740		1991			If yescontinue	lf yes			3
⊒ X Neg	T Yes		line:	cture is from Shoreline:	Distance Structure		Lake,	y/Land within	Property	□ Shoreland → 📉 Is
Are Wetlands Present?	Is Property in	Is Pro	line :	cture is from Shoreline :	Distance Structure ノガ	If vescontinue	liver, s	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	s Propert	Cre
	Acreage 6 , 6 7		Lot Size			John R.	I, Range 8 W	p <u>471</u> /1 N, Range	, Township	Section /7
		38.	Subdivision	Block(s) No.	Lot(s) No.	1 Vol & Page	Lot Lot(s) CSM	Gov't Lot	1/4	NE 1/4, NE
ty Ownership)	ی Recorded Document: (i.e. Property Ownership) Volume Page(s)	Documer	Recorded Volume _	05-002-30000	08-17-1	<u>PIN</u> : (23 digits) 04- こよみ ーカーチフーと	(Use Tax Statement) PIN: (23		Legal Description:	PROJECT Legs
No	Attached Ores No	27,634	ate/zipi:	ss (include city)	Gent Mailing Addre	c98		gning Application on behalf of Owner(s)	igning Appl	Ethe R Jay
one:	Flumber Phone:				rumper:	2098			7	Stor & Lor
5838	015)450-			7847	C.	200	Tres	1	my side	8
6	Cell Phone:		54702	11 (20 mm ex) 1		City/State/Zip:	City/St	4	8 2 7 7	Address of Property:
57 0539	Telephone: (フ・ラ) ぞくくし		j	, b)	Mailing	1	and	-]
HER	A. OTHER	B.O.A.	AL USE	L USE SPECIAL USE	☐ CONDITIONAL USE	□ PRIVY	□ SAN	- K LAND USE	STED-	TYPE OF PERMIT REQUESTED
			- The state of the	**************************************		N.	E BEEN 1550EU TO APPLICANT	L PERMITS MAY	ONLICAL	NOI STARL CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

ner(s) a letter of authorization must accompany this application) must accompany this application) Date 🗸 Date S 0 1

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) are result for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time fay the purpose of inspection.

Owner(s):

(If there are Mult

Authorized Agent:

(If you

are signing on behalf of the

n the Deed All Owners mu

gn or letter(s) of authorization

Address to send permit

Hold For Sanitary: Signature of Inspector: Condition(s):Town, Committee or Board Conditions Attached? Date of Inspection: 3-24-16 Inspection Record: 5 24 head Issuance Information (County Use Only) Granted by Variance (B.O.A.) Permit Denied (Date): Setback to Privy (Portable, Composting) Setback to Septic Tank or Holding Tank
Setback to Drain Field Setback from the West Lot Line Setback from the East Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created Was Proposed Building Site Delineated Setback from the **South** Lot Line Please complete (1) - (7) above (prior to continuing) to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be sed by a licensed surveyor at the owner's expense. to the placement or construction of a structure within ten (10) faet of the minimum requerereviously surveyed corner or marked by a licensed surveyor at the owner's expense. wy we fa ろうえのえ 6.0316 (4) (3) (2) (1) (7) 8 elow: Draw or Sketch your Property (regardless of what you are applying for) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). Show any (*): Show any (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Setbacks: (measured to the closest point) Show: Show: Show Location of (*): Show / Indicate: Show Location of: Description Helf moon the 5 Hold FOL-FBA ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes Ayes O No san reconnect North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% **Proposed Construction** ガスマスナ 4 4 4 280 Inspected by: Permit Date: 175 Reason for Denial: Sanitary Number: 23542 300 30E 7 Measurement 20 Hold For Affidavit: TNO-(If No they need to be attached.) setback, the box Feet Feet Feet Feet Feet Feet 00/10 Color Bone Muraphy Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Were Property Lines Represented by Owner
Was Property Surveyed
Was Property Surveyed المستعدد تعدير Setback to Well Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback from Wetland dary line from which the setback must be measured must be visible from one previo 20% Slope Area on property Elevation of Floodplain V Changes in plans must be approved by the Planning & Zoning Dept. 30 # of bedrooms: Hold For Fees: [OPA □ Yes Description Dons **₹** 0 Œ, Zoning Distriction (Affidavit Required Affidavit Attached X Lakes Classification Date of Re-Inspection Sanitary Date Date complexe e of Approval: 250 X Yes 22 Measurement ☐ Yes 375 Feet Feet No Feet